

NOTE

This form is used to approve training materials that do not have a review/approval block.

*TRAINING MATERIAL NUMBER:

FQC-RP-SENT-ISG

Rev

3

*TRAINING MATERIAL TITLE:

SENTINEL SOFTWARE SYSTEM INSTRUMENT SUPPORT GROUP

- ☐ Lesson Plan
 ☒ Qualification Card / Familiarization Guide
 ☐ Lab Guide
 ☐ Simulator Guide
- ☐ CBT Course
 ☐ Electronic Document/Form
 ☐ Graded Approach to Training
 ☐ Other _____
- ☐ New Material
 ☐ Minor Revision
 ☒ Major Revision
 ☐ Cancellation

Lesson Plan/Material Superseded: FQC-RP-SENT-ISG, REV 2

REASON FOR REVISION (include reason for site specific exception date as necessary):

To update the format and identify alternate paths, and must perform steps, where applicable.

REVIEW / APPROVAL: ☐ Electronic Approval (TEAR) _____

Prepared By:	Greg Gazda	<i>Greg Gazda</i>	12.12.13
		**Preparer	Date
*Reviewed By:	Adam King	<i>Adam King</i>	12.12.13
		**Technical Reviewer (e.g., SME, line management)	Date
*Instructional Adequacy Determined By:	Shawn Tanner	<i>Shawn Tanner</i>	12/13/13
		**Instructional Technologist or Qualified Instructor	Date
Approved By:	Darrell Newman	<i>Darrell Newman</i>	12/13/13
		Discipline Training Superintendent or Fleet Training Manager	Date

*Technical review, instructional adequacy, and fleet review N/A for electronic document or form. Instructional adequacy review is not required for graded approach to training topics.

**Indicates that the training material has been reviewed for inclusion of items referenced on TQF-201-DD06, Training Material Checklist as appropriate.

FLEET PROGRAM REVIEW POINT OF CONTACT: ☒ Not Applicable

	Name or N/A	Exception Date		Name or N/A	Exception Date
ANO			NP		
BRP			PLP		
CNS			PNPS		
GGNS			RBS		
HQN			VY		
IPEC			W3		
JAF					

Indexing Information

Class Code: _____

END OF DOCUMENT

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OJT and TPE Qualification Guide

Trainee Name:		Login ID:	
Training Program:	Radiation Protection	Training ID #:	FQC-RP-SENT-ISG
Task Title:	Sentinel Software System Instrument Support Group		

List the OE to be used for OJT:

Prerequisites:	FLP-RP-SENT-ISG
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Prerequisites verified complete:	_____ Qualified Trainer	/	_____ Date
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OJT completed:	_____ Qualified Trainer (print & sign name) or N/A & Trainee Initial	/	_____ Date
N/A if OJT challenged			

Task Performance Evaluation (TPE)

OJT has been completed / challenged per EN-TQ-204 for the listed task and I am ready to take the TPE.

_____ Trainee Signature (print and sign name)	/	_____ Date
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☐ **TPE unsuccessful** (Document TPE failures per EN-TQ-204)

☐ **SAT** - Task evaluation was successfully completed in accordance with EN-TQ-204.

_____ Qualified Evaluator (print and sign name)	/	_____ Date
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☐ **Qualification**

Trainee is competent (qualified) to perform this task independently.

_____ Training Program Owner or designee or N/A (print and sign name)	/	_____ Date
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(N/A for Duty Area or Job Qualification)

☐ **Verification**

Record has been verified to be complete.

_____ Training Supervision (print and sign name)	/	_____ Date
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Training Records Updated

Entered	_____ Print and Sign Name	/	_____ Date
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Send completed OJT/TPE Documentation and Comment Sheets to Training Records

☐ Check here indicates the LMS was updated.

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I. Task:

Sentinel Software System Instrument Support Group

II. Terminal Objective:

Given the need to enter instrument and equipment information, the trainee will perform Sentinel instrument and equipment activities in accordance with applicable procedures and references.

III. References:

1. EN-RP-121, Radioactive Material Control
2. EN-RP-143, Source Control
3. EN-RP-301, Radiation Protection Instrument Control
4. EN-RP-404, Operation and Maintenance of HEPA Vacuum Cleaners and HEPA Ventilation Units
5. EN-RP-501, Respiratory Protection Program
6. EN-RP-502, Inspection and Maintenance of Respirator Protection Equipment
7. EN-RP-503, Selection, Issue, and Use of Respirator Protection
8. Sentinel Software System For Nuclear Facilities System Manuals (Sentinel User's Manual for current version of Sentinel in use)

IV. General Tools and Equipment:

1. Computer station with the Sentinel software installed.

V. Initial Conditions:

1. Radiation Protection personnel need to perform instrument and equipment activities using the Sentinel program.

VI. Personnel Safety Considerations:

None

VII. Commitments:

None

VIII. Instructor Notes/Set-up:

1. May be performed in a plant or lab setting.
2. Use of a training database is recommended to avoid altering of Sentinel equipment history records.
3. The trainer/evaluator will need mock serial numbers and equipment history information to provide to the trainee in order to complete the performance objectives.

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PERFORMANCE OBJECTIVES

(Section I)

Task Title: Sentinel Software System Instrument Support Group

Task #: FQC-RP-SENT-ISG

Trainee Name _____ Date _____

☐ Check if management observation required or stamp here

☐ Initial ☐ Continuing

Overall Grade: PASS FAIL (Circle One)

Shaded objective numbers indicate a "must perform" step.

An "*" next to the objective number indicates an alternate path. All alternate paths must be trained during OJT; at least one alternate path per performance objective must be evaluated during TPE.

OBJECTIVES		Code	OJT Complete	TPE Complete
1.	Management expectations/core work practices applied appropriately for the task. (See attachment 9.2 of EN-TQ-204 for pass/fail criteria).	P		
2.	Enter a new instrument into the Sentinel inventory.	P S		
3.	Change the location of an instrument being received.	P S		
4.	Change the location of an instrument being shipped.	P S		
5.	Add a new respiratory protection device.	P S		
6.	Issue a respiratory protection device.	P S		

7.	Update a respiratory protection device's inspection/service history.	P S		
8.	Change the location for a selected item of respiratory protection equipment being received.	P S		
9.	Change the location for a selected item of respiratory protection equipment being shipped.	P S		
10.	Enter a new radioactive source into the inventory.	P S		
11.	Delete an old radioactive source from the inventory.	P S		
12.	Document a sealed source leak test.	P S		
13.	Change the location of a HEPA ventilation unit or vacuum cleaner.	P S		
14.	Update a HEPA ventilation unit or vacuum cleaner service history.	P S		

COMMENTS (Section II)

COMMENTS:

- Any clarifying questions asked, and the trainee response, must be documented.
- Note any opportunities for improvement provided to the trainee.
- Note reason for TPE failure, if applicable.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

OJT STUDENT FEEDBACK

OJT Trainer: _____ Date: _____		Exceeds Expectations	Met Expectations	Needs Improvement	Not Applicable
Qualification Card Number/Name _____					
Program: _____					
<i>Optional</i>	Do you want a response to your feedback? <input type="checkbox"/> YES <input type="checkbox"/> No				
Name _____					
The trainer verified I had the prerequisite knowledge, skills, and abilities necessary to receive this training.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer explained the purpose, importance, and scope of the training.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training area was prepared and appropriately simulated the work environment in which the task is performed, and the trainer explained differences between training and actual plant settings.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer conducted a pre-training briefing.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer reinforced the established values and management expectations (e.g., safety, human performance, ALARA, etc.) throughout the training.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training materials were accurate and met my needs and expectations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer pointed out error-likely situations and consequences of improper performance.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer demonstrated how to correctly perform the task.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer provided appropriate time for me to practice the task.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer provided coaching as appropriate during my practice session(s).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt prepared for TPE upon completion of the OJT.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, this training met my expectations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide any additional comments you have on this OJT.					

Initiated Actions

WT# _____

TPE STUDENT FEEDBACK

TPE Evaluator: _____ Date: _____		Exceeds Expectations	Met Expectations	Needs Improvement	Not Applicable
Qualification Card Number/Name _____					
Program: _____					
Optional	Do you want a response to your feedback? <input type="checkbox"/> YES <input type="checkbox"/> No				
Name _____					
The evaluator explained the purpose, importance, and scope of the TPE.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The TPE area appropriately simulated or reflected the work environment in which the task is performed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The evaluator defined the interactions and role-play between the evaluator and the student necessary to support the TPE.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The evaluator reviewed the performance criteria including management expectations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The evaluator provided a pre-evaluation briefing prior to the start of TPE.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The evaluator clearly announced the start of the TPE.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The evaluator did not prompt or coach me during the TPE.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The evaluator provided feedback at the end of the TPE.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The written materials used to support this evaluation were current and correct.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, this TPE met my expectations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide any additional comments you have on this TPE.					

Initiated Actions

WT# _____